

**TITLE I EVALUATION
(Neglected or Delinquent Programs)**

SOUTH DAKOTA

PROGRAM IDENTIFICATION:

LEGAL NAME OF AGENCY:	STREET ADDRESS:	
CITY:	COUNTY:	ZIP:

NAME AND TITLE OF PERSON COMPLETING THIS REPORT:	SCHOOL PHONE:	HOME PHONE:
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ASSESSMENT OF TITLE I NEGLECTED OR DELINQUENT PROGRAMS

Provide the following information in narrative form using the headings listed below to determine the impact of your Title I program on the students you serve. In this narrative process please use supporting data as evidence of program impact. (Examples: pre/post test scores, secondary school completers, GED completers, etc.) If one of the areas below does not apply to your program, please indicate that information. Be sure to thoroughly address all items. Attach to the end of this application.

DETERMINE YOUR PROGRAM'S IMPACT ON THE ABILITY OF PARTICIPANTS TO:

1. Maintain and improve educational achievement.
2. Accrue school credits that meet state requirements for grade promotion and secondary school graduation.
3. Make the transition to a regular program or the education program operated by a LEA.
4. Complete secondary school (or secondary school equivalency requirements) and obtain employment after leaving the institution.
5. Participate in postsecondary education and job training programs.

Progress on Implementing the School/Agency Plan - School/Agency Name_____

An assessment team should review the progress during the current year of implementing the activities for each of the questions on the approved Title I School District Plan. Information from this evaluation should be used locally to improve your program. Ratings are NOT used at the state level to identify schools in need of improvement.

The “assessment” team can be the school improvement team or the persons in the positions listed below. For school districts with multiple Title I buildings, the ratings can be reported a) by building, or b) as an aggregate for the district and signatures should be representative of the district.

Rating Scale: 1-10 with 1 being **NO PROGRESS** to 10 being **OUTSTANDING PROGRESS** (NA = an optional question not included in the plan).

	1	2	3	4	5	6	7	8	9	10	NA
1. Strategies and procedures used to provide high-quality professional development.											
2. School district and school parent involvement policies development including parent/school compact. If applicable.											
3. High-quality student assessments or other indicators used to (a) determine student success in meeting the performance standards; (b) assist in diagnosis, teaching and learning, and (c) determine necessary project revisions.											
4. Coordination and integration of services and programs (where appropriate) such as Even Start, Head Start; preschool programs; transition programs; homeless; limited English proficiency programs; migrant, etc.											
5. Services to help participating children meet the standards expected of all children.											
6. Services that extend learning time.											

STATEMENT OF ASSURANCES:

I certify that, to the best of my knowledge and belief, this report is true and correct in all respects; all information asked for is provided to the best of our ability; and that supporting documentation for all entries have been retained and will be made available to State Department Personnel upon request.

Building or District Administrator

Date Signed

Title I Teacher

Date Signed

Classroom Teacher

Date Signed

Other (Specify)

Date Signed

Authorized Representative

Date Signed